
STANDARD OPERATING PROCEDURE

Chronic Care Clinics

SOP 8.6

Rev 08/01

Revisions: a psychiatrist (previously psychiatrist/psychologist) must make the decision for LTCC for patients with mental conditions.

PURPOSE: TO DESCRIBE CARE OF PATIENTS WITH CHRONIC MEDICAL CONDITIONS, INCLUDING FREQUENCY OF VISITS AND DOCUMENTATION.

I. In order to assure continuity of care for patients with chronic medical conditions, two categories have been formed to address the special situations of each detainee group.

A. **Detainees with chronic conditions who are not stable.** These will be seen as often as necessary but at least every 2 weeks for assessment of their condition and refill of medication.

B. **Detainees with chronic conditions who are found to be stable.** These will be placed in the Long Term Chronic Care program (LTCC).

II. Chronic care clinics will be established for the following conditions:

- A. General Medicine
- B. Hypertension
- C. Asthma/COPD
- D. Diabetes
- E. HIV
- F. INH/TB
- G. Seizure Disorder
- H. Mental Health

III. Initial Evaluation for placement in Long Term Chronic Care Program

- A. Physician performs initial evaluation for placement. He/she finds that the detainee is stable and feels comfortable in having the patient seen at larger intervals of time.

- B. If mid-level provider is seeing the patient and believes that they should be placed in the LTCC, the patient is referred to the physician for evaluation for placement.
- C. For mental health conditions the decision to place in the LTCC must be made by a psychiatrist.

IV. Placement in the Long Term Chronic Care Program

- A. Chart entry noting that patient is stable and meets the requirements to be placed in the LTCC Program is completed by physician.
- B. For mental health cases, a chart entry noting that the patient is stable and ready to be placed in the LTCC program is completed by the physician after consultation with the psychiatrist.

V. Follow-up

- A. For all clinics except mental health, follow-up assessment and treatment is performed **no more than every 90 days** by NP/PA or physician with 2-week refills by pharmacy. It is the responsibility of the Clinical Director to assure that all LTCC patients are assessed and treated appropriately.
- B. Clinics will be held as needed but at least once a week.
- C. For mental health clinic, the follow-up is performed every 30 days by an NP/PA or physician with 2-week refills by pharmacy.
- D. Patient must be seen by the psychiatrist at least every 3 months
- E. The physician in urgent situations may alter Prescriptions. Whenever prescriptions are altered or discontinued, the patient must be seen by a psychiatrist as soon as possible.

VI. Documentation

- A. LTCC patients will be listed by condition in the computer or a log.
- B. Chronic Disease Flow Sheets will be completed as a summary for quick reference but do not substitute documentation in the progress notes.